

## READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see DA PAM 600-81 and AR 600-8-101; the proponent agency is DCS, G-1.

**AUTHORITY:** 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization Processing; and EO 9397 (SSN).

**PURPOSE:** To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.

**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

**DISCLOSURE:** Voluntary. However, failure to update and confirm information is correct may impede processing time and deployability status.

**The Readiness and Deployment Checklist is filed in the Deployment Packet to complete the action. A copy remains at the losing organization.**

1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)		3. SSN	
4. SERVICE AFFILIATION <input type="checkbox"/> USA <input type="checkbox"/> USCG <input type="checkbox"/> USN <input type="checkbox"/> PHS <input type="checkbox"/> USAF <input type="checkbox"/> NOAA <input type="checkbox"/> USMC		5. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> NON-MILITARY		6. STATUS <input type="checkbox"/> TPU <input type="checkbox"/> RET <input type="checkbox"/> IRR <input type="checkbox"/> NG10 <input type="checkbox"/> IMA <input type="checkbox"/> NG32 <input type="checkbox"/> AGR	
7. PAY PLAN/GRADE		8. E-MAIL ADDRESS			
9. NON-MILITARY STATUS <input type="checkbox"/> DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS		10. TRAVEL STATUS <input type="checkbox"/> a. UNIT ORDER <input type="checkbox"/> b. INDIVIDUAL		11. DATE OF BIRTH (YYYYMMDD)	
12. JOB TITLE		13. ASI		14. CITIZENSHIP COUNTRY	
15. LANGUAGE SPECIALTIES		16. DATE LANGUAGE CERTIFIED (YYYYMMDD)		17. DEPLOYMENT COUNTRY	
18. PARENT UNIT		19. PARENT UIC		20. UNIT DSN PHONE NUMBER	
				21. COMMERCIAL PHONE NUMBER	

### 22. OVERALL STATUS OF EACH SECTION

a. READINESS CERTIFICATION <input type="checkbox"/> NO GO <input type="checkbox"/> GO		b. PERSONNEL <input type="checkbox"/> NO GO <input type="checkbox"/> GO		c. FINANCE <input type="checkbox"/> NO GO <input type="checkbox"/> GO		d. LEGAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO		e. SUPPLY & LOGISTICS <input type="checkbox"/> NO GO <input type="checkbox"/> GO	
f. TRAINING <input type="checkbox"/> NO GO <input type="checkbox"/> GO		g. SECURITY <input type="checkbox"/> NO GO <input type="checkbox"/> GO		h. MEDICAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO		i. DENTAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO		j. VISION <input type="checkbox"/> NO GO <input type="checkbox"/> GO	

### SECTION I - DEPLOYMENT VALIDATION

**Part A - Accuracy Statement:** I understand I am certified for deployment and to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF SOLDIER		2. RANK		3. TITLE	
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**Part B - Commander's Acknowledgment:** (Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the SRP Sites findings.

4. PRINTED NAME (CDR or AG)		5. RANK		6. TITLE	
7. SIGNATURE		8. ADDRESS			
9. PHONE NUMBER		10. E-MAIL ADDRESS		11. DSN	
				12. FAX PHONE NUMBER	

**Part C - Deployment Validation:** All READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL		14. RANK		15. TITLE	
16. SIGNATURE OF DEPLOYMENT OFFICIAL		17. ADDRESS			
18. PHONE NUMBER		19. E-MAIL ADDRESS		20. DSN PHONE NUMBER	
				21. FAX PHONE NUMBER	

NAME (Last, First Middle)						SSN			
ITEM	READINESS CERTIFICATION				DEPLOYMENT VALIDATION				
	GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA	DATE (YYYYMMDD)	
<b>SECTION II - PERSONNEL</b>									
1. Emergency Data Record, DD Form 93, review and update (initial and date copy) DP									
2. SGLI, SGLV Form 8286, FEGLI review and update (initial and date copy) DP									
3. ID Tags (two sets w/chains)									
4. Common Access Card issued									
5. ETS/ESA date pending within deployment period									
6. Permanent Physical Profile 3 or 4 (MMRB pending or complete)									
7. Single parent or military couple in adoption process (waivable)									
8. Mother of newborn (first 4 months) (waivable)									
9. Conscientious objector status: pending = GO, approved = consider duty restrictions									
10. BT/AIT or equivalent training completed (includes OBC, WOBC)									
11. All previous discharge certificates (DD Forms 214 or 220), if applicable DP									
12. RC only upon alert: Mobilization Orders									
13. DA CIV only: Deployment information in CIVTRACKS									
14. Passport or Visa requested or in possession, if required (carried by person)									
15. Sole surviving son or daughter (waivable)									
16. Turkish or German citizen deploying through/to that country									
17. Former Peace Corps member (for deployment country only)									
18. Former hostage/POW in deployment area (waivable)									
19. Chaplain: Appointment or visit, if requested									
20. Army Community Service: Family Support Group or ACS info provided									
21. Approved Family Care Plan, DA Form 5305-R, if required									
22. Project PERSTEMPO days and input into the PERSTEMPO web site for all deployments									
23. Emergency Essential Mobility Agreement									
24. DEERS Update									
25a. SIGNATURE OF CERTIFYING OFFICIAL	25b. RANK/TITLE				25c. DATE (YYYYMMDD)				
<b>SECTION III - FINANCE</b>									
1. Enrolled in SUREPay/Direct Deposit									
2. Entitlements verification of pay data (include deployment area entitlements and BATH)									
3. Travel claims initiated or settled									
4a. SIGNATURE OF CERTIFYING OFFICIAL	4b. RANK/TITLE				4c. DATE (YYYYMMDD)				
<b>SECTION IV - LEGAL</b>									
1. Will counseling or Education									
2. Power of Attorney (POA)									
3. Domestic violence investigation pending (weapon prohibition)									
4a. SIGNATURE OF CERTIFYING OFFICIAL	4b. RANK/TITLE				4c. DATE (YYYYMMDD)				
<b>SECTION V - SUPPLY AND LOGISTICS</b>									
1. Personal military clothing, basic issue or like quantities									
2. Organizational clothing and equipment issued for duty MOS									
3. Personal property and vehicle disposition									
4. Weapon issued, if applicable - Serial Number:									
5. Theater specific clothing issued									
6. Theater specific equipment issued									
7a. SIGNATURE OF CERTIFYING OFFICIAL	7b. RANK/TITLE				7c. DATE (YYYYMMDD)				

NAME <i>(Last, First Middle)</i>						SSN							
ITEM						READINESS CERTIFICATION				DEPLOYMENT VALIDATION			
						GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA	DATE (YYYYMMDD)
<b>SECTION VI - TRAINING</b>													
1. Weapons qualification, if applicable													
2. Military Drivers License <i>(OF 346)</i> issued, if applicable													
3. Force Protection Training administered													
4. OPSEC/SAEDA Briefing													
5. CTT completed, as required													
6. Deployment Briefing to Family Members <i>(only upon alert)</i>													
7. Safety and Local laws for deployment area briefing													
8. Media Awareness Training													
9. Theater specific training requirements completed													
10. Briefings <i>(UCMJ, Terrorist, Geneva Convention, Law of Land Warfare)</i> , as required <i>(Soldiers and Sailors Relief Act, Reemployment rights, ESGR, Civilian or criminal matters impacting mobilization.)</i>													
11a. SIGNATURE OF CERTIFYING OFFICIAL						11b. RANK/TITLE				11c. DATE (YYYYMMDD)			
<b>SECTION VII - SECURITY</b>													
1. Security clearance meets requirement for duty position													
2. Security clearance meets requirement for deployment mission													
3a. SIGNATURE OF CERTIFYING OFFICIAL						3b. RANK/TITLE				3c. DATE (YYYYMMDD)			
<b>SECTION VIII - MEDICAL</b>													
1. Shot Record, International Certificate of Vaccination, PHS 731													
2. Immunizations current <i>(DD Form 2766)</i>													
3. Current DA Form 7349 on hand <i>(USAR)</i>													
4. Human Immunodeficiency Virus <i>(HIV)</i> Antibody Test current, if required													
5. DNA tissue sample on file AFIP, if required, and recorded on SF Form 600													
6. Exceptional Family Member													
7. Medical Record Review													
8. Female: Pregnancy Profile								YES					
9. Current physical exam on hand: soldier found qualified <i>(IRR)</i>													
10. Hearing aid with extra batteries, if required													
11. Physical Profile, temporary or permanent that restricts deployment?													
12. Medical Pre-deployment Health assessment questionnaire <i>(DD Form 2795)</i>													
13. Theater specific immunizations required for deployment area													
14. Prescriptions, <i>(sufficient supply; minimum 90 days if OCONUS)</i>													
15a. SIGNATURE OF CERTIFYING OFFICIAL						15b. RANK/TITLE				15c. DATE (YYYYMMDD)			
<b>SECTION IX - DENTAL</b>													
1. Dental Record on file													
2. Panographic X-ray													
3. Dental Classification Date													
4. Dental Classification <i>(1 or 2 = GO; 3 or 4 = NO GO)</i>													
5a. SIGNATURE OF CERTIFYING OFFICIAL						5b. RANK/TITLE				5c. DATE (YYYYMMDD)			
<b>SECTION X - VISION</b>													
1. Best Corrected Binocular Visual Acuity <i>(no worse than 20/40)</i>													
2. Eyeglasses <i>(two pair, one pair may be civilian or frame of choice)</i> if required													
3. Protective Mask Inserts if required													
4. Vision Readiness Classification <i>(1 or 2 = GO; 3 or 4 = NO GO)</i>													
5. Eyeglasses <i>(two pair, one pair may be civilian style)</i> , if required													
6a. SIGNATURE OF CERTIFYING OFFICIAL						6b. RANK/TITLE				6c. DATE (YYYYMMDD)			